1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 19594
Registered No. 732

1. PLACE OF DEATH

County: Buchanan — Registration District No.:
Township: — Primary Registration District No.:
City: St Joseph — (No. 1302 Sylvania street St. Ward)

2. FULL NAME Catherine Hunt Brown

(a) Residence, No. 1302 Sylvania street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	75	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Fredrick City (STATE OR COUNTRY) Maryland

FATHER

13. NAME Philip Buddy
14. BIRTHPLACE (CITY OR TOWN) Littletown (STATE OR COUNTRY) Pa.

MOTHER

15. MAIDEN NAME Sophia Stein
16. BIRTHPLACE (CITY OR TOWN) Fredrick City (STATE OR COUNTRY) Maryland

17. INFORMANT Mrs Pauline Goldsmith (ADDRESS) 1302 Sylvania street St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt Olivet
PLACE St Joseph Mo. DATE June 27, 1934

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) St Joseph Mo.

20. FILED 6-26-, 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1934, to June 30, 1934

I last saw h. or alive on June 30, 1934. Death is said to have occurred on the date stated above, at 4:15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
1 yr 6 mo	
1 yr 1 mo	
59	
Other contributory causes of importance:	
Diab. Mel.	?
Machine Ht Lip-	?

Name of operation None Date of
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Frank H. Vantegen, M. D.
(Address) Temple Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THE ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 732
City St Joseph (No. , St. Ward)

2. FULL NAME Catherine Hunt Brown
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) W
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 75 MONTHS 2 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19
19. UNDERTAKER (ADDRESS)
20. FILED 7/30/34 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19
22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr myocarditis	
186a	

Other contributory causes of importance
Diab Mel
Fracture rt hip - Cause of death
Fell off of step loading into yard at St Joseph Mo
Name of operation 1308 Sylvanie Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 6-20, 1934
Where did injury occur? 1308 sylvanie a private home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fract hip - Cause of death
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) , M. D.
(Address)

SUPPLEMENTARY

5-19594